UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page	Page 1 of V
Period covered: January 1, 2012 - Sept 30, 2013 Fc	For use by candidates and new employees	2013 OCT 30 AM 11: 53	
Name: William Ballard Hord Daytime	Daytime Telephone:	OFFICE OF THE CLERK I.S. HOUSE OF REPRESENTATIVES	
		(Office Use Only)	
Filer Candidate for the State: TX Date of House of Representatives District: 25 Election: Status New officer or Employing Office:	Date of 4 Maych 2013 Check if Election: 4 Maych 2013 Amendment	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	assessed who files
n all sections, please type or print clearly in blue or black ink. RELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	E QUESTIONS		
Did you or your spouse have "earned" income (e.g., salaries or ses) of \$200 or more from any source in the reporting period? Yes No life yes, complete and attach Schedule I.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	e Yes	
I. Did you, your spouse, or a dependent child receive "unearned" ncome of more than \$200 in the reporting period or hold any eportable asset worth more than \$1,000 at the end of the period? Yes No	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes 🔲	× X
II. Did you, your spouse, or a dependent child have any report- ble liability (more than \$10,000) during the reporting period? Yes No X	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes 🔲	N N
Each question in this part must be answered and the appropriate schedu	<u> </u>	attached for each "Yes" response.	
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- ANS	WER EACH OF THESE QUESTIONS	
IRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	and certain other "excepted trusts" need no spouse, or a dependent child?	Yes 🔲	N _O
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	transactions, or liabilities of a spouse or delet consulted with the Committee on Ethics.	Yes	× ×

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	retirement programs, and benefits r	eceived under the Social	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	ount
the state of the s	: 346:	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Crumpton Group	Salary	30,776	193,862
Pragdeal	Salary	2,000	Q

	Hondon, WA Conversing interest)	Crumpton Group - stategic Consults Washington, DC Counciship wholest	JT 1st Bank of Paducah, KY accounts	Examples:	SP, SP Mega Corp. Stock	homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
	×	X	×	Indefinite	×	None \$1 \$1,000 \$1,001 \$15,000 \$15,001 \$50,000 \$50,001 \$100,000 \$100,001 \$250,000 \$250,001 \$500,000 \$500,001 \$1,000,000 \$1,000,001 \$5,000,000 \$5,000,001 \$25,000,000 \$25,000,001 \$25,000,000 \$25,000,001 \$25,000,000 Spouse/DC Asset over \$1,000,000*		> BB C C C C C C C C C C C C C C C C C C	"This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	вгоск в
	×	×	×	Royaities	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	ome)		during the reporting period.	if reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the Tax-Deferred column. Dividends ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k)	Type of Income	BLOCK C
	×	XX	×	X	x	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500		Current Year Prec		* This column is for income derived from assets solely held by your spouse or dependent child.	me. Check "None" if no	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as	Amount of Income	BLOCK D
			×	×		\$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	VI VIIIVIII IX X XI XII	Preceding Year		ets solely held by your	•	d" in Block C, you may ndicate the category of v. Dividends, interest, ust be disclosed as		

SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name William Ballard Hard

None								SP, DC		
S1 - 81,000									Asset and/or Income Source	BLOCK A
SS,000,001 - \$50,000,000 X								\$1 - \$1,000 B \$1,001 - \$15,000 C \$15,001 - \$56,000 C	Val	
								\$100,001 - \$250,000	ue of Asset	вгоск в
None Partnership income or Farm Income) None Partnership income or Farm Income)								Over \$50,000,000	-Ţ-	
Partnership Income or Farm Income)								INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED	pe of Income	BLOCK C
\$2,501 - \$5,000								Partnership Income or Farm Income) None		
\$1,000,001 - \$5,000,000 × Over \$5,000,000 × Sopouse/DC (ncome over \$1,000,000 × Sopouse/DC (ncome over										
\$1,001 - \$2,000 < CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC								\$1,000,001 - \$5,000,000 × Over \$5,000,000 × Spouse/DC Income over \$1,000,000* ×	Amount of I	вгоск і
\$50,001 - \$100,000 \(\frac{1}{2}\) \\ \\$100,001 - \$1,000,000 \(\frac{1}{2}\) \\ \\$1,000,001 - \$5,000,000 \(\frac{1}{2}\)								\$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 < 0	ncome	J
								\$1,000,001 - \$1,000,000 \(\frac{1}{2}\) \$1,000,001 - \$5,000,000 \(\frac{1}{2}\)		

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SCHEDULE III — LIABILITIES

Name William Ballard Hovd

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

								Amou	nt of I	Amount of Liability	¥			
SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	10,001 15,000 >	15,001— 50,000 অ	50,001 100,000 O	100,001 250,000 □	500,000 FT 500.001	1,000,000	5,000,000 ⁽²⁾	25,000,000 - 25,000,001	50,000,000 —	50,000,000 C pouse/DC	iability over 🛪
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE											
							-				<u> </u>			
						,								
														. 1

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
Partner	Crumpton Grap
Director	FUSIONX
Proprietor	Prayden
Consultant	Cavaly

SCHEDULE V — AGREEMENTS

Name William Bullard Hord

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service; continuefit plan mainta	service ; continuation or deferral of payments by a former or current employer other than the U.S. Government; effection maintained by a former employer.	editions; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties To	Terms of Agreement
•		

SCHEDULE VI -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such comperisation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information ilsted on Schedule I.

Carrier (Name and Address)	
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services

GPO: 2013

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